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SUBSECTION: 4.1.2 ABUSE PREVENTION	DATE REVISED: 10/09, 05/10, 12/10
APPROVED BY: DIRECTOR OF NURSING	DATE REVIEWED: 02/06, 02/07, 03/08, 07/09, 07/10, 07/11, 07/12, 07/13 02/14 03/15 07/16 02/17 02/18

ABUSE AND NEGLECT PREVENTION PROGRAM

STATEMENT OF PURPOSE

This facility is committed to providing the highest level of quality care, which encompasses the dignity, respect and rights of the resident. We support a **ZERO TOLERANCE POLICY** and will not tolerate abuse or neglect of the very people we are charged with helping. Nor will we tolerate abusive behavior towards Visitors, Families or Staff. Abusive behavior will not be tolerated by anyone, and actions will be taken if abuse is found to have occurred.

POLICY

Under no circumstances will abuse or neglect of residents, families, visitors, volunteers or staff be tolerated. All staff and volunteers of the home are expected to fulfill their moral and legal obligation to report any incident or suspected incident of resident abuse.

DEFINITION

A Zero Tolerance Policy is a policy that builds awareness of abuse and educates to achieve the goal of eliminating it. The zero-tolerance policy:

- Allows no exceptions
- Tolerates no abusive behavior
- Requires strict compliance and enforcement

“Zero Tolerance” means that within this facility, staff, volunteers, visitors, families and residents will uphold the right of others to be treated with dignity and respect and to live free from abuse and neglect.

DEFINITION OF ABUSE

Abuse means any action or inaction, misuse of power and/or betrayal of trust or respect by a person against a resident, family member, volunteer, visitor or staff member. Abuse is a violation of the rights, dignity, and worth of an individual or group of individuals.

Abuse in relation to a resident means physical, sexual, emotional, verbal or financial abuse, as defined below. Neglect means the failure to provide a resident with the treatment, care, services or assistance required for health, safety or well being, and includes inaction or a pattern of inaction that jeopardizes the health, safety or well being of one or more residents.

“**Physical abuse**” means: (i) the use of physical force by anyone other than a resident that causes physical injury or pain; (ii) administering or withholding a drug for an inappropriate purpose; or (iii) the use of physical force by a resident that causes physical injury to another resident. Physical abuse does not include the use of force that is appropriate to the provision of care or assisting a resident with activities of daily living, unless the force used is excessive in the circumstances.

“**Sexual abuse**” means: (i) any consensual or non-consensual touching, behaviour or remarks of a sexual nature or sexual exploitation that is directed towards a resident by a licensee or staff member; or (ii) any non-consensual touching, behaviour or remarks of a sexual nature or sexual exploitation directed towards a resident by a person other than a licensee or staff member. Sexual abuse does not include: (i) touching, behaviour or remarks of a clinical nature that are

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appropriate to the provision of care or assisting a resident with activities of daily living; or (ii) consensual touching, behaviour or remarks of a sexual nature between a resident and a licensee or staff member that is in the course of a sexual relationship that began before the resident was admitted to the long-term care home or before the licensee or staff member became a licensee or staff member.

“Emotional abuse” means: (i) any threatening, insulting, intimidating or humiliating gestures, actions, behaviour or remarks, including imposed social isolation, shunning, ignoring, lack of acknowledgement or infantilization that are performed by anyone other than a resident, or (ii) any threatening or intimidating gestures, actions, behaviour or remarks by a resident that causes alarm or fear to another resident where the resident performing the gestures, actions, behaviour or remarks understands and appreciates their consequences.

“Verbal abuse” means: (i) any form of verbal communication of a threatening or intimidating nature or any form of verbal communication of a belittling or degrading nature which diminishes a resident’s sense of well-being, dignity or self-worth, that is made by anyone other than a resident, or (ii) any form of verbal communication of a threatening or intimidating nature made by a resident that leads another resident to fear for his or her safety where the resident making the communication understands and appreciates its consequences.

“Financial abuse” means any misappropriation or misuse of a resident’s money or property.

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SIGNS AND SYMPTOMS OF ABUSE

Psychosocial Abuse	Indicators
<ul style="list-style-type: none"> ❖ Humiliation ❖ Dehumanization ❖ Non-verbal abuse/silence ❖ Provoking fear ❖ Verbal abuse-shouting, scolding ❖ Imposed social isolation ❖ Withholding of companionship/love ❖ Lack of privacy ❖ Removal of decision making process ❖ Infantilization threats of abandonment institutionalization, physical abuse, withdrawal of love 	<ul style="list-style-type: none"> ❖ Appears shamed ❖ Low self-esteem ❖ Withdrawn, passive ❖ Fearful, “what are you going to do to me/” ❖ Invalid guilt ❖ Excluded from family gatherings, not permitted to have friends visit, to go to church, denied access to grandchildren ❖ Embarrassment ❖ Loss of self determination ❖ Ribbons in hair, toys, “baby talk” ❖ Depressed, hopeless, helpless
(Financial Exploitation)	Indicators
<ul style="list-style-type: none"> ❖ Inequitable distribution of health care resources ❖ Fraud, misuse of residents money/property ❖ Coercion ❖ Resource abuse ❖ Withholding pensions/insurance cheque ❖ Theft 	<ul style="list-style-type: none"> ❖ Under diagnosis/under treatment ❖ Inappropriate hospital discharge ❖ Inappropriate transfer within institution ❖ Attitudes – lack of understanding, custodialism, paternalism ❖ Inadequate community supports ❖ Overcharged for home repairs, funerals “Con artists” ❖ Illegal use of resident’s possessions/property/investments for profit/personal gain
Physical Abuse	Indicators
<ul style="list-style-type: none"> ❖ Assault, beating, cutting, burning, forced feeding, hitting, slapping, pinching, punching, pushing, pulling hair, shaking, shoving ❖ Hypo/hypothermia ❖ Homicide 	<ul style="list-style-type: none"> ❖ Unexplained alopecia, abrasions, bruises, burns, bumps, contusions, falls, fractures, grip marks, hematomas, immobility, infection, internal injuries, lacerations, pain, restricted movement, rope marks, swelling, tenderness, ulcers, welts ❖ Shivering, cyanosis, flushed, lowered/elevated body temperature
Neglect	Indicators
<ul style="list-style-type: none"> ❖ Withholding nutrition, fluids ❖ Inadequate hygiene, personal care ❖ Inadequate clothing ❖ Overmedicated-drugs, alcohol ❖ Under medicated ❖ Sensory deprivation 	<ul style="list-style-type: none"> ❖ Malnourished, emaciated, no dentures, dehydration, mouth sores, confusion ❖ Impaired skin integrity, decubitus ulcers, rashes, urine burns, soiled linen, unkempt appearance ❖ Clothes in poor repairs, inappropriate for season ❖ Over sedation – reduced physical/mental activity

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<ul style="list-style-type: none"> ❖ Lack of safety precautions ❖ Lack of supervision ❖ Withholding medical services/treatment ❖ Unjustified use of restraints ❖ Abandonment ❖ Forced entry into nursing home 	<ul style="list-style-type: none"> ❖ CNS depression ❖ Reduced/absent therapeutic response ❖ No glasses, hearing aid ❖ Dangerous environment ❖ Unattended, tied to chair/bed ❖ Not taken to doctor/dentist/therapist ❖ Muscle contractors, immobility, weakness ❖ Deserted ❖ Institutionalized ❖ Abuser supports own drug/alcohol dependency ❖ Forced to sign over control/power of attorney ❖ Forced to change will, sell house, used as babysitter/housekeeper ❖ No money for food/clothes ❖ Inadequate living environment ❖ Unable to afford social activities, travel ❖ Disappearance of elder's possessions in institutions
SEXUAL ABUSE	INDICATORS
<ul style="list-style-type: none"> ❖ Any non-consensual touching, behavior or remarks of a sexual nature or sexual exploitation directed towards a resident by a person other than a licensee or staff member 	<ul style="list-style-type: none"> ❖ Pain, bruising, bleeding in genital area ❖ Fear ❖ Crying ❖ Intimidation
<ul style="list-style-type: none"> ❖ Any consensual or non-consensual touching, behavior or remarks of a sexual nature or sexual exploitation that is directed towards a resident by a staff member. 	<ul style="list-style-type: none"> ❖ Fear ❖ Inappropriate conduct by staff member
<ul style="list-style-type: none"> ❖ Sexual intercourse or other forms of physical sexual relations between two residents if one resident expresses that the actions are unwelcome or unwanted. 	<ul style="list-style-type: none"> ❖ Fear ❖ Intimidation ❖ Crying ❖ Distress
<ul style="list-style-type: none"> ❖ Touching in a way that seems sexual to either person and is unwelcome/unwanted 	<ul style="list-style-type: none"> ❖ Fear ❖ Distress ❖ Crying ❖ Intimidation

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ACTIONS TO BE TAKEN TO PREVENT ABUSE

We are all responsible to prevent abuse and neglect by anyone within our facility. To promote our **ZERO TOLERANCE POLICY** we provide education to staff, residents, family members, Volunteers and visitors. This includes:

- Raising awareness of the zero-tolerance policy among all staff, volunteers, resident and families through our orientation program and ongoing education. Including:
 - How to recognize the signs of abuse
 - The relationship between power imbalances, between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care
 - Situations that may lead to abuse and neglect and how to avoid such situations
 - Steps to take when abuse is suspected
 - Issues related to the aging process
 - Responsive behaviors and interventions to address these behaviors
 - Workplace stress reduction
 - Residents Rights
 - Duty to report abuse and neglect
 - Whistleblower protection
- Communicating the expectation that our zero-tolerance policy will be complied with
- Providing our policy to staff, volunteers, residents and families.
- Posting our zero-tolerance policy in the facility in locations within the home that are accessible to the public
- Reviewing our zero-tolerance policy with Resident Council and Family Council
- Maintaining information regarding the number of complaints, investigations conducted, and actual cases of abuse on an ongoing basis
- Monitoring and analyzing the Abuse Prevention Program annually to determine effectiveness of the program, and the information and education offered to staff, visitors, residents and volunteers of the facility. Developing an action plan to improve the program with staff, residents, families and volunteers and implementing the interventions identified to improve the program.

MANDATORY REPORTING OF ABUSE OR NEGLECT

Any person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to their Supervisor, the Director of Care or the Administrator:

1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.
2. Abuse of a resident by anyone or neglect of a resident by the home or staff that resulted in harm or risk of harm to the resident.
3. Unlawful conduct that resulted in harm or risk of harm to a resident.
4. Misuse or misappropriation of resident's money.
5. Misuse or misappropriation of funding provided to the Home.

Duty of Practitioners and Others to Report

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Even if the information on which a report may be based is confidential or privileged, the following are required to report any suspicion or evidence of abuse or neglect:

- A physician or any other person who is a member of a College under the Regulated Health Professions Act
- Any person who is registered as a drugless practitioner under the Drugless Practitioners Act
- A member of the Ontario College of Social Workers or Social Service Workers

Duty to report abuse or suspected abuse

All staff members, associates, partners and volunteers who witness or suspect the abuse of a resident, or receive complaints of abuse, are required to report the matter immediately to their supervisor, the Charge Nurse, Director of Care or the Administrator.

Offense of Failure to Report

Every person (except a resident) is guilty of an offense under Long Term Care Homes Act; Bill 140, who includes in a report to either the Home or the Ministry of Health any information that the person knows to be false.

The following persons are guilty of an offence under the Long Term Care Homes Act: Bill 140 if they fail to make a report required by the legislation:

1. The Home or a Management Company
2. If the Home is licensed or managed by a corporation; the Corporation, an officer or direction of the corporation.
3. Any staff member
4. Any person who provides professional services to a resident in the areas of health, social work or social services work.
5. Any person who provides professional services to the home in the areas of health, social work or social services work.

The following persons are guilty of an offence under the Long Term Care Homes Act: Bill 140 if they attempt to suppress a report; coerce or intimidate or discourage a person not to make a report; or authorizes permits or concurs in a contravention of the duty to make a report:

1. The Home or a person who manages the Home
2. If the home is licensed or managed by a corporation; the Corporation, an officer or direction of the corporation.
3. A staff member
4. Any person who provides professional services to a resident in the areas of health, social work or social services work.
5. Any person who provides professional services to the home in the areas of health, social work or social services work.

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PROTECTING THOSE WHO REPORT ABUSE; WHISTLE BLOWING PROTECTION

The *Long-Term Care Homes Act, 2007* offers protection against retaliation to any person who discloses information to an inspector or to the Director of the Ministry of Health and Long-Term Care, or who gives evidence in legal proceedings. This protection is known as the “whistle-blowing” protection.

Specifically, the whistle-blowing protection requires that the Home (or the Licensee) and its staff will not retaliate against any person, whether by action or omission, or threaten to do so because anything has been disclosed to an inspector or to the Director. This includes, but is not limited to, disclosure of:

- I. improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident;
- II. abuse of a resident by anyone or neglect of a resident by the Home or its staff that resulted in harm or a risk of harm to the resident;
- III. unlawful conduct that resulted in harm or a risk of harm to a resident; (
- IV. misuse or misappropriation of a resident’s money;
- V. misuse or misappropriation of government funding provided to the Home;
- VI. a breach of a requirement under the *Long-Term Care Homes Act, 2007*; or
- VII. any other matter concerning the care of a resident or the operation of the Home that the person advising believes ought to be reported to the Director.

In addition, no person will encounter retaliation because evidence has been or may be given in a proceeding, including a proceeding in respect of the *Long-Term Care Homes Act, 2007* or its regulations, or in an inquest under the *Coroners Act*.

The Home (or Licensee) or its staff will not do anything that discourages, is aimed at discouraging or that has the effect of discouraging a person from doing anything mentioned above. Nor will the Home (or Licensee) or its staff do anything to encourage a person to fail to do anything mentioned above.

For the purposes of the whistle-blowing protection, “retaliation” includes, but is not limited to, disciplining or dismissing a staff member, imposing a penalty upon any person, or intimidating, coercing or harassing any person. A resident shall not be discharged from the Home, threatened with discharge, or in any way be subjected to discriminatory treatment (e.g. any change or discontinuation of any service to or care of a resident or the threat of any such change or discontinuation) because of anything mentioned above, even if the resident or another person acted maliciously or in bad faith. Further, no family member of a resident, substitute decision-maker of a resident, or person of importance to a resident shall be threatened with the possibility of any of those being done to the resident.

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INVESTIGATION PROCESS FOR RESIDENT ABUSE BY FORMAL CAREGIVER, VOLUNTEER OR VISITOR

PREAMBLE

Residents of our facility have the right to be free from any form of abuse, neglect or violence that could threaten their physical or mental well-being and the full enjoyment of their possessions. We have a responsibility to ensure that right through the establishment and implementation of policies and procedures related to the reporting and investigation of all complaints of abuse.

SCOPE

This policy delineates actions to be taken in instances where alleged/actual abuse has occurred by staff volunteers or visitor of the facility.

POLICY

1. Abuse or neglect of residents will not be tolerated.
2. All staff and volunteers of the facility are required to immediately report alleged/apparent abusive acts that they have witnessed or become aware of.
3. Staff members found to have committed abusive acts will be subject to disciplinary action up to and including dismissal for cause. Notification of the relevant authorities and where applicable, disciplinary action in accordance with the Regulated Health Professionals Act.
4. Volunteers found to have committed abusive acts will be subject to disciplinary action, up to and including dismissal and reporting to the relevant authorities where applicable.
5. Visitors found to have committed abusive acts will be subject to disciplinary action, up to and including expulsion from the facility and reporting to the relevant authorities where applicable.

PROCEDURE

1. Any staff/volunteer witnessing or having knowledge of an alleged/actual act of abuse or becoming aware of one shall immediately report it to his/her immediate Manager, the Director of Care or the Administrator.
2. The Director of Care and Registered Staff shall ensure that the immediate needs of the resident are attended to, including but not limited to:
 - a. Ensuring the residents safety immediately and on an ongoing basis
 - b. Medical Assistance
 - c. Assistance with personal care
 - d. Emotional support
 - e. Arrangements for ongoing emotional and physical support and care
3. The Attending Physician shall be notified immediately of all suspected/actual physical, or sexual abuse and the physician shall conduct a medical assessment of the resident.
4. Reporting Abuse/Suspected Abuse/Alleged Abuse: upon becoming informed of an alleged act of abuse,
 - a. The Supervisor/Manager will immediately inform the Administrator or Designate.
 - b. The Administrator/Designate shall notify the POA/SDM immediately upon becoming aware of an incident of abuse or neglect that has resulted in a physical

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injury, pain, or that causes distress to the resident that could be potentially detrimental to the resident's health or well being..

- c. The Administrator/Designate shall notify the POA/SDM within 12 hours of becoming aware of any other alleged, suspected or witnessed incident of abuse or neglect of a resident.
 - d. The Administrator/Designated shall notify the Ministry of Health and Long Term Care immediately via Critical Incident Reporting System, or via pager (after hours or holidays).
 - e. The Administrator/Designate shall notify the police immediately of any alleged, suspected or witnessed incident that the home suspects may constitute a criminal offense, including physical abuse, sexual abuse or financial abuse. In all incidents of sexual abuse, staff will preserve the scene and not disturb any evidence. Staff will follow direction of police and cooperate with the investigation
5. The Registered Nursing Staff/Director of Care shall document a detailed description of the incident in the resident's record. The documentation is to outline a description of the incident and physical findings and the care and treatment provided
 6. An investigation shall be commenced immediately. While the investigation is being conducted:
 - a. The suspected/accused staff member shall be relieved of their duties with pay.
 - b. The suspected/accused volunteer shall be relieved of their duties and escorted from the building while the investigation is being conducted
 - c. The suspected/accused visitors shall be escorted from the building and prevented from visiting or having contact with the resident during the investigation.
 7. The Manager shall investigate all incidents. The investigation shall include:
 - a. An interview with the resident
 - b. An interview with the accused staff/volunteer/visitor
 - c. An interview with the staff or person who reported the incident
 - d. An interview with all witnesses or others involved
 8. Once the Manager has all the facts, the alleged abuser shall be re-interviewed going through all of the evidence that has been collected. The Manager must clearly communicate the possible outcomes (disciplinary action up to and including termination).
 9. The resident and/or his/her POA/SDM will be made aware of information related to the investigation and shall be notified of the final results of the investigation.
 10. If the police are involved the Administrator or designate will coordinate procedures with those of the police and when appropriate be directed by the police.
 11. At completion of the investigation the Manager will meet with the Administrator and the accused staff, volunteer, or visitor to review the results of the investigation and any follow up disciplinary action required.
 12. The Manager/Administrator/Designate will ensure that confidentiality is maintained throughout the investigation.
 13. The Administrator/Designate is responsible to complete all required reporting to the Ministry of Health and Long Term Care within legislated timeframes.

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INVESTIGATION PROCESS FOR SUSPECTED RESIDENT ABUSE OF ANOTHER RESIDENT

PREAMBLE

Residents of our facility have the right to be free from abuse or neglect that could threaten their physical or mental well-being and the full enjoyment of their lives. We have a responsibility to ensure the above through establishing and implementation of policies and procedures related to the reporting and investigating of reports of abuse made by residents, families, visitors, volunteers and staffs.

SCOPE

This policy delineates actions to be taken by staff where alleged/actual abuse has occurred regarding resident toward resident on the premise of our facility or any activity sponsored by our facility.

PURPOSE

To protect all residents from any form of abuse by other residents through the reporting and investigation of reports of abuse made by residents, families, visitors, volunteer or staff.

POLICY

1. Abuse of a resident by another resident will not be tolerated.
2. All staff, volunteers, and residents are required to immediately report apparent/alleged/actual abusive acts that they have witnessed or become aware to the Supervisor or Manager.
3. Appropriate action will be taken when residents are found to have committed abusive acts.
4. Abusive acts will be documented and reported to appropriate authorities and will be monitored by the health care team.

PROCEDURE

1. Any staff, volunteer or resident witnessing an alleged/actual act of abuse or becoming aware of one will immediately report it to the Supervisor or Manager, the Director of Care or the Administrator.
2. The Director of Care and Registered Staff will ensure that the emergency needs of the abused resident have been met, including but not limited to:
 - a. Ensuring the victims safety
 - b. Medical Assistance
 - c. Assistance with personal care
 - d. Emotional support
 - e. Arrangements for ongoing emotional and physical support and care
3. In all cases of abuse or suspected physical abuse, or sexual abuse the physician must be immediately notified and conduct a medical assessment of the condition of the residents involved.
4. In all cases of sexual abuse, staff shall immediately notify the police and preserve the scene. Staff shall work cooperatively with the police during the investigation. Staff shall ensure the medical needs of the resident have been met as directed by the physician.

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5. As soon as the Supervisor or Manager is made aware of an alleged/actual abuse, an investigation must be conducted immediately. All witnesses must be interviewed and the facts documented.
6. A detailed description of the incident is to be documented on the resident's record that clearly describes the incident. The documentation is to outline the physical findings and the care and treatment provided to all involved.
14. Reporting Abuse/Suspected Abuse/Alleged Abuse: upon becoming informed of an alleged act of abuse,
 - a. The Supervisor/Manager will immediately inform the Administrator or Designate.
 - b. The Administrator/Designate shall notify the POA/SDM immediately upon becoming aware of an incident of abuse or neglect that has resulted in a physical injury, pain, or that causes distress to the resident that could be potentially detrimental to the resident's health or well being..
 - c. The Administrator/Designate shall notify the POA/SDM within 12 hours of becoming aware of any other alleged, suspected or witnessed incident of abuse or neglect of a resident.
 - d. Any alleged/actual abuse is to be discussed with the resident in a face-to-face meeting within 24 hours of its occurrence. Family members will be informed of the incident with the permission of the resident. A plan of action to prevent further abuse is to be implemented.
 - e. The Administrator/Designated shall notify the Ministry of Health and Long Term Care immediately via Critical Incident Reporting System, or via pager (after hours or holidays).
 - f. The Administrator/Designate shall notify the police immediately of any alleged, suspected or witnessed incident that the home suspects may constitute a criminal offense, including physical abuse, sexual abuse or financial abuse. In all incidents of sexual abuse, staff will preserve the scene and not disturb any evidence. Staff will follow direction of police and cooperate with the investigation
7. At completion of the investigation the Manager will meet with the Administrator and the accused resident and POA or family member if requested to review the results of the incident and any follow up action required
8. The perpetrator of the abuse may be subject to actions including transfer to another unit, or another location.
9. The health care team will review the perpetrator's care plan and review interventions in the care plan to deal with aggressive or abusive behavior, updating and adapting as necessary. Interventions will be monitored by the health care team for effectiveness.
10. The interdisciplinary team will assess each resident's need for referral to a specialist or other external consultants and counseling services (e.g. Psychogeriatric Outreach program, clinical psychologist or Psychiatrist).
11. Each resident's plan of care is reviewed and revised to reflect his/her current strengths abilities, performance needs, goals, and safety/security risks and gives clear directions to staff providing care. Factors, which trigger disruptive behavior, shall be included in the plan of care.

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12. If therapeutic interventions are not controlling the disruptive behavior, consideration will be given to relocating the resident to a more appropriate controlled environment following extensive discussions with the resident, family, physician and CCAC.
13. Upon completion of the investigation a Critical Incident Report is to be received by the Ministry of Health and Long Term Care Regional Office within 5 days.

INCIDENT EVALUATION AND ANNUAL REVIEW OF THE ZERO TOLERANCE POLICY

The Home shall complete an analysis of each and every incident of abuse or neglect of a resident, staff member or volunteer as soon as they become aware of the incident following the process outlined in the policies and procedures.

Annually the Home shall complete an interdisciplinary evaluation to determine the effectiveness of the Homes policy to promote Zero Tolerance and what changes and improvements are required to prevent further occurrences. The results of the analysis of each incident of abuse or neglect are considered during the annual evaluation. Areas of concern or trends are identified and changes and improvements to policy and practice developed and are promptly implemented

The Home shall ensure that documentation of the evaluation, including the date of evaluation, names of persons participating and date that changes and improvements were implemented is maintained at the Home.

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SECTION: 4.1 RESIDENTS RIGHTS AND SAFETY

DATE OF ORIGIN: 02/05

SUBSECTION: 4.1.2 ABUSE PREVENTION

DATE REVISED: 10/09, 05/10, 12/10

APPROVED BY: DIRECTOR OF NURSING

DATE REVIEWED: 02/06, 02/07, 03/08, 07/09, 07/10, 07/11, 07/12, 07/13 02/14 03/15 07/16 02/17 02/18

CRIMINAL REFERENCE CHECKS

PURPOSE

The facility requires that final hiring of all new staff or volunteers who provide care or service to our residents or are in a position of financial trust are suitable to be a staff member or volunteer in a long-term care home and to protect the residents from any abuse or neglect.

POLICY

To ensure that the higher standard of practice required of individuals employed or volunteering in the health care field particularly working with vulnerable seniors and the disabled is maintained, a criminal reference check including a vulnerable sector screen is completed prior to a final offer of employment or acceptance as a volunteer at the home.

PROCEDURE

New Staff and Volunteers

1. The Manager/Team who is completing the job/volunteer interview for employment/appointment shall request a current (within six months of hire) criminal reference check including a vulnerable sector screen from the potential employee or volunteer.
2. The Manager/Team shall ask the potential candidate during the interview. "Have you ever been convicted of a criminal offence for which a pardon has been granted?", and record the potential employee/volunteer response.
3. Criteria – Criminal reference checks will be required for those staff and volunteers who are 18 years of age or over and meet the following criteria:
 - a. Work directly with vulnerable clients and
 - b. Work in a position of trust or authority; and/or
 - c. Work in roles where limited supervision exists (no other staff present)
4. Criminal Reference Checks are unavailable for individuals under the age of 18. Because of the Young Offenders Act, the police will not release information regarding the criminal record of juveniles. However, juveniles can obtain access to their own criminal record under provisions of The Privacy Act. Therefore, if a criminal reference check is required for a juvenile, the juvenile must be asked to access his or her own criminal record and provide the information to you. In accordance with The Ontario Human Rights Code, it is appropriate to ask "Are you between the age of 18 and 65" to determine an individual's age for this purpose. In addition, any applicant under the age of 18 who is volunteering or participating in an educational and community service program within the facility must provide a reference from a teacher, guidance counselor, or principal attesting to the volunteers' good character. The Administrator is responsible to ensure that a member of staff or a representative from the sponsoring agency or educational institution supervises the students in the facility.

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5. All positions within the facility are required to have a current (within 6 months) criminal reference check completed prior to offer of employment or volunteer position at the home.
6. Verbal offer of employment/appointment – If the candidate accepts the offer, advise him or her that a criminal reference check including a vulnerable sector screen must be conducted, within the six (6) months prior to the offer to hire or appointment to a volunteer position in the home.
7. Because each police force operates differently, local procedures must be followed for conducting a check.
8. Normally, the staff must make a written request to the Chief of Police, outlining why the staff wants access to this information.
9. In determining whether a record is satisfactory or unsatisfactory, consideration must be given to the risk and relevance of a particular criminal offense to performance of the job responsibilities and to the safety and security of our residents.
10. If there are no criminal convictions, withdraw the condition on the offer of employment or to be a volunteer.
11. If there is a criminal record, discuss the findings with the candidate to ensure no mistake has been made. The presence of a criminal record does not allow for an automatic withdrawal of the verbal offer of employment.
 - In consultation with the Administrator, reconvene the interview team (if a team was used) and review the results according to the following factors:
 - Nature and number of convictions
 - Length of time since the convictions
 - Rehabilitation efforts made by the candidate
 - Duties and responsibilities associated with the position and relevance of the criminal conviction:
 - Potential risk to the company if the candidate is employed / accepted.
 - Offences that could potentially be relevant include, but are not limited to:
 - Physical or sexual assault
 - Any offence involving the use of threats or violence
 - Theft and/or fraud
 - Break and enter
 - Property related crimes
 - Drug related offences, such as trafficking in controlled or restricted drugs
 - Failure to provide the necessities of life or criminal negligence causing death or bodily harm to someone for whom the person was a caregiver or in a position of authority or trust.

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- If, after the review, the criminal convictions violate genuine job requirements of the position, the offer of employment must be withdrawn and the candidate advised verbally and in writing.
- Cost of Criminal Check – Candidates are required to pay for the cost of the criminal reference check.
- The facility shall reimburse volunteers who are recruited and accepted into our volunteer program after acceptance by the facility.
- Records – all information shall be used for its intended purpose. Documents pertaining to the criminal reference check process must be stored in a secure location that can guarantee confidentiality
- Violation of Confidentiality of information obtained as a result of a criminal reference check is grounds for termination. Access to this information is on a need to know basis.
- Bonding - the facility does not bond staffs on an individual basis. However, the facility does carry third party liability and crime insurance

Declaration of Criminal Record

Every staff/volunteer shall complete a Declaration disclosing the following with respect to the period since the date the person's last criminal reference check was conducted and prior to hire:

1. Every offense with which the person has been charged under the Criminal Code (Canada), the Controlled Drug and Substances Act (Canada) or the Food and Drug Act (Canada) and the outcome of the charges.
2. Every order of a judge or justice of the peace made against the person in respect of an offence under the Criminal Code (Canada), the Controlled Drug and Substances Act (Canada) or the Food and Drug Act (Canada) including a peace bond, probation order, prohibition order or warrant.
3. Every restraining order made against the person under the Family Law Act or the Children's Law Reform Act.
4. Every offense of which the person has been convicted under the Criminal Code (Canada), the Controlled Drug and Substance Act (Canada) or the Food and Drug Act (Canada).

Existing Staffs and Volunteers

All staff and volunteers are required to sign an annual declaration confirming his/her criminal background or record. The Administrator is responsible to confirm that all staffs have signed a declaration.

Each declaration shall clearly outline:

1. Every offense with which the person has been charged under the Criminal Code (Canada), the Controlled Drug and Substances Act (Canada) or the Food and Drug Act (Canada) and the outcome of the charges.

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2. Every order of a judge or justice of the peace made against the person in respect of an offence under the Criminal Code (Canada), the Controlled Drug and Substances Act (Canada) or the Food and Drug Act (Canada) including a peace bond, probation order, prohibition order or warrant.
3. Every restraining order made against the person under the Family Law Act or the Children's Law Reform Act.
4. Every offense of which the person has been convicted under the Criminal Code (Canada), the Controlled Drug and Substance Act (Canada) or the Food and Drug Act (Canada).

All staff and volunteers of the Home are required notify the employer and to provide information promptly:

1. After the staff or volunteer has been made aware that they have been charged or an order has been made; and
2. After the staff or volunteer has been convicted or a charge is otherwise disposed of.

Exempt from requirement:

- Medical Director
- Physician, Registered Nurse in the Extended Class
- Those pursuant to a contract or agreement with the Home
- Those pursuant to a contract or agreement between the home and an employment agency or other third party
- Those who will only provide occasional maintenance or repair service to the Home
- Those who will not provide direct care to residents, and
- Those who will be monitored and supervised, in accordance with policies and procedures while he/she provides services to the Home

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**DECLARATION OF CRIMINAL REFERENCE DATA
INSERT**